

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		43	8/16/01
<b>FORMALITY REVIEW</b>	AL	JC-859	9/12/01
<b>RESPONSE FORMALITY REVIEW</b>	MTO	954	12/12/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 -: ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 sections  
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2020  
CPT-14-021